

PLUMBING APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY ADDRESS

City, Town,
or Plantation

Street or Road

Subdivision, Lot #

PROPERTY OWNERS NAME

Name (last, first, MI)

☒ Owner

☐ Applicant

Mailing Address
of

Owner/Applicant

Daytime Tel. #

>> CAUTION: LPI APPROVAL REQUIRED <<

LA MOINE

Date
Permit
Issued:

PERMIT # 1689 TOWN COPY

\$

☐ If Double Fee
Charged

L.P.I. #

Local Plumbing Inspector Signature

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

OWNER OR APPLICANT STATEMENT
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant

Date

Local Plumbing Inspector Signature

8/5/12
Date Approved (Rough-In)
11/13/12
Date Approved (Final)

PERMIT INFORMATION

This Application Is For

1. ☒ NEW PLUMBING INSTALLATION
2. ☒ RELOCATED PLUMBING

Type of Structure To Be Served

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER-SPECIFY Garage

Plumbing To Be Installed By

1. ☒ MASTER PLUMBER
2. ☐ MFG'D HOUSING DEALER/MECHANIC
3. ☐ PUBLIC UTILITY EMPLOYEE
4. ☐ PROPERTY OWNER

LICENSE #

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

☐ **HOOK-UP:** to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District

OR

☒ **HOOK UP:** to an existing subsurface wastewater disposal system

☐ **PIPING RELOCATION:** of sanitary lines, drains, and piping without new fixtures

OR

☐ **TRANSFER FEE**
(\$6.00)

Column 2 Number Type of Fixture

Column 1 Number Type of Fixture

Hosebibb / Sillcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Waste Treatment Softener,
Filter, etc.

Grease / Oil Separator

Dental Cuspidor

Bidet

Other: _____

Fixtures (Subtotal)
Column 2

Bathtub (and Shower)

Shower (Separate)

Sink

Wash Basin

Water Closet (Toilet)

Clothes Washer

Dish Washer

Garbage Disposal

Laundry Tub

Water Heater

Fixtures (Subtotal)
Column 1

Fixtures (Subtotal)
Column 2

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee
(Total)

50